

Good caregivers are:

- Independent
- Tolerant
- Alert and attentive
- Self-disciplined
- Consistent
- Enjoy helping others
- Caring
- Compassionate
- Patient
- Responsible
- Problem solvers



### SSPS SOCIAL SERVICE LETTER (DSHS 14-259X)

An *SSPS Social Service Letter* is sent to you when:

- services are first authorized;
- there are any changes in the authorized services or payment;
- your employer is no longer eligible for services and your position ends.

The *SSPS Social Service Letter* shows the type and maximum number of **service units** you are authorized to provide each month for your employer(s). Units will be in hours (HR), days (DA), or miles (MI).

When you receive a *SSPS Social Service Letter*, check to be sure the following information is correct:

- Your name;
- Your mailing address;
- Units of service (HR, DA, MI);
- Payment amount.

If any of this information is incorrect, immediately call the authorizing Social Worker or Case Manager to correct the mistake. If you do not call them about errors, you may get the wrong pay. The name and phone number of the person to call are at the bottom of the *SSPS Social Service Letter*.



Washington State  
Department of Social  
& Health Services

## Social Services Notice

Local Office Name  
Address

\_\_\_\_\_  
Date

Provider Number  
Provider Name  
Address

\_\_\_\_\_  
Authorization Number

THIS IS TO NOTIFY YOU THAT:

1. AUTHORIZATION FOR ***Provider Name*** TO PROVIDE COPES FOR ***Client Name*** IS CHANGED OR UPDATED TO THE FOLLOWING:

SERVICE IS APPROVED FROM 07-07-03 THROUGH 05-31-04. THE RATE IS \$x.xx PER HOUR FOR UP TO 90 HOURS PER MONTH FOR A MAXIMUM OF \$xxx.xx PER MONTH.

- YOU WILL RECEIVE A SERVICE INVOICE EACH MONTH. FILL OUT THE INVOICE ACCORDING TO THE INSTRUCTIONS.
- SOCIAL SECURITY AND MEDICARE TAXES WILL BE WITHHELD FROM EMPLOYEE WAGES. THE STATE OF WASHINGTON PAYS THE EMPLOYER'S SHARE ON BEHALF OF ***Provider Name***, THE EMPLOYER.
- PAYMENT OF THIS SERVICE WILL GENERATE A W-2. FICA TAXES WILL BE REFUNDED AFTER YEAR-END WHEN ANNUAL PAYMENT FOR SERVICE TO ONE CLIENT IS UNDER THE YEARLY FICA LIMIT. INCOME TAX IS NOT WITHHELD.

IF YOU HAVE QUESTIONS, PLEASE CALL ***authorized Case Manager or Social Worker*** AT ***telephone number***.

## INFORMATION FOR SERVICE PROVIDER

\_\_\_\_\_ The information on this notice is confidential. You may not give out information without the  
 \_\_\_\_\_ client's written permission.

The client(s) named on the first page of this notice is authorized to receive the service(s) listed for the dates specified. DSHS will not pay for the service(s) provided before the services start date or after the service end date. If the changes are made to this authorization, you will be notified with another social service notice.

Please call the authorization worker identified on the first page of this notice if any information is incorrect.

## INFORMATION FOR CLIENT

The information on the first page of this notice tells what services are approved for you or your family.

You must tell the authorizing worker identified on the first page of this notice if:

- There is a change in the person who provides the service;
- There is a change in the amount of service you are receiving;
- Your income or resources change;
- Your address or your provider's address changes.

**THE DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS) MAY NOT PAY FOR THE SERVICE UNLESS DSHS APPROVES THE CHANGE AHEAD OF TIME.**

If DSHS decides to suspend, reduce, or stop service, DSHS must tell you in writing. You must tell the service provider of this change in service or eligibility.

If you disagree with an action or decision by DSHS, you can request a review. These are steps you must take:

1. Discuss the situation with your worker.
2. Talk with your worker's supervisor.
3. Ask for an administrative review **OR** request a hearing.

If you disagree with a decision, other than an exception to rule/policy, you have the right to request a hearing. You do not have a right to a hearing for an exception to rule/policy decision; however, you may file a complaint in accordance with Chapter 388-426 WAC. You have a limited amount of time to request a hearing before you lose the right to have one. Ask your worker about the time frames and requirements for requesting a hearing and for a copy of any laws or WAC rules that apply to your situation. To request a hearing, write to:

OFFICE OF ADMINISTRATIVE SERVICES  
 PO BOX 2465  
 OLYMPIA WA 98507-2465